



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE

**RECEIVED**

By Carol Day at 11:24 am, Nov 17, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance. Send copy to Department of Health and Senior Services; retain original in file.

ALCO SENSOR IV SN 087963	PRINTER SN 096.3580.943	DATE OF INSPECTION 11/07/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 2101 Jeffco Blvd, Arnold		TIME OF INSPECTION 9:31 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 20° | 21° | 21°

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Labs LOT # 14220 EXP. DATE 09/24/2016

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD1909 SIMULATOR EXP DATE 11/05/2016

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .097

TEST 2 .096

TEST 3 .096

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	6	(.15-.19)	2	(OVER .19)	3
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Adjusted Time

**INSPECTING OFFICER**

SIGNATURE J. O'Barr	PRINT NAME J. O'Barr
TYPE II PERMIT NUMBER/EXPIRATION DATE 230305/12/11/2015	TELEPHONE NUMBER (636) 296-2222

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

AS IV Serial no: 007963  
Version no: 532B

TEST RECORD 00309

Temp Date Time 210L

Air Blank:  
11/08/15 09:32 .000  
Calibration Check:  
21 11/08/15 09:32 .096

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/MLX

Location

2101 Jiffco Bldg

AS IV Serial no: 007963  
Version no: 532B

TEST RECORD 00308

Temp Date Time 210L

Air Blank:  
11/08/15 09:31 .000  
Calibration Check:  
20 11/08/15 09:31 .097

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/MLX

Location

2101 Jiffco Bldg

AS IV Serial no: 007963  
Version no: 532B

TEST RECORD 00311

Temp Date Time 210L

VOITH EPI  
12 11/08/15 09:35

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/MLX

Location

2101 Jiffco Bldg

AS IV Serial no: 007963  
Version no: 532B

TEST RECORD 00310

Temp Date Time 210L

Air Blank:  
11/08/15 09:34 .000  
Calibration Check:  
21 11/08/15 09:34 .096

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/MLX

Location

2101 Jiffco Bldg



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**JASON W O'BARR**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, DATAMASTER**

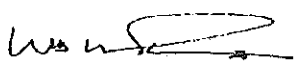
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

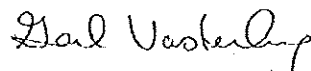
DATE 12/11/2013

NUMBER 230305

EXPIRES 12/11/2015

MO 580-0771 (8-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (05-10)



State of Missouri                     )  
  )     SS.  
COUNTY OF JEFFERSON         )

**AFFIDAVIT**

Before me, the undersigned authority, personally appeared, **Patn. Jason O'Barr**, who being by me duly sworn, deposed as follows.

My name is **Patn. Jason O'Barr #128**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the **BREATHALYZER MAINTENANCE RECORDS FOR THE ARNOLD POLICE DEPARTMENT**. Attached hereto are 5 pages of records from the **ARNOLD POLICE DEPARTMENT**. These 5 pages of records are kept by the **ARNOLD POLICE DEPARTMENT** in the course of business, and it was the regular course of business of the **ARNOLD POLICE DEPARTMENT** for an employee or representative of the **ARNOLD POLICE DEPARTMENT**, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Patn. Jason O'Barr #128  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 9th day of November, 20 15.

Ruth H. Robinson  
(Signed)

(Seal)

